



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 8:40 am, Jun 20, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 102456	PRINTER SN 08C.3527.174	DATE OF INSPECTION 06/19/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City	TIME OF INSPECTION 2:02 pm
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10/16/2015

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2053 SIMULATOR EXP DATE 05/13/2015

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .102

TEST 2 .101

TEST 3 .101

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Dewayne D. Carver

TYPE II PERMIT NUMBER/EXPIRATION DATE

230101 5/28/2015

TELEPHONE NUMBER

(573) 751-4722

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

880 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 102456
Version no: 004C

TEST RECORD 00135

Temp Date Time ^{s/} 210L

Air Blank:
06/19/14 14:02 .000
Calibration Check:
23 06/19/14 14:02 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Leanne Carver CH
Location

2920 N. Shamrock Rd.

Jefferson City

AS IV Serial no: 102456
Version no: 004C

TEST RECORD 00136

Temp Date Time ^{s/} 210L

Air Blank:
06/19/14 14:03 .000
Calibration Check:
23 06/19/14 14:03 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Leanne Carver CH
Location

2920 N. Shamrock Rd.

Jefferson City

AS IV Serial no: 102456
Version no: 004C

TEST RECORD 00137

Temp Date Time ^{s/} 210L

Air Blank:
06/19/14 14:04 .000
Calibration Check:
23 06/19/14 14:04 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Leanne Carver CH
Location

2920 N. Shamrock Rd.

Jefferson City

AS IV Serial no: 102456
Version no: 004C

TEST RECORD 00138

Temp Date Time ^{s/} 210L

Void: RFI
12 06/19/14 14:06

Subject Name

Subject I.D.

Operator Name, I.D.

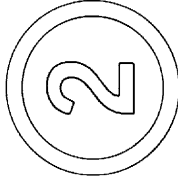
Leanne Carver CH
Location

2920 N. Shamrock Rd.

Jefferson City



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

DEWAYNE D CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER, DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE **05/28/2013**

NUMBER **230101**

EXPIRES **05/28/2015**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES